

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 108.04732

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	/					
12	/	/				
13		/				
14	X	X				
15	X	X				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22	/					
23		/				
24		/				
25		/				
26	X	X				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34	/					
35		/				
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41		/				
42		/				
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	27					
TOTAL CLAIMS	30					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						